WORLD CHRONICLE

UNITED NATIONS

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PROGRAMME: **"WORLD CHRONICLE"**

GUEST: Dr. Dorothy Blake, Deputy Director, Global Programme on AIDS, World Health Organization

JOURNALISTS: Ian Steele, Press Foundation of Asia
Linda Fasulo, National Public Radio
Obi Emekekwue, News Agency of Nigeria

MODERATOR: Michael Littlejohns

SYNOPSIS

AIDS

Dr. Dorothy Blake, Deputy Director of the World Health Organization's Global Programme on AIDS, estimates that 30-40 million people worldwide would be infected with the HIV virus by the end of this century. Dr. Blake asserts that countries should have the political will to mobilize more resources to combat this deadly disease.

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VOICE: From United Nations Headquarters in New York, this is **WORLD CHRONICLE**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **WORLD CHRONICLE**.

LITTLEJOHNS: I'm Michael Littlejohns and this is **WORLD CHRONICLE**.

Over the last decade, the epidemic of AIDS has become a global health problem seriously affecting the lives of millions of people. It represents an unprecedented challenge to the public health services of virtually every country in the world. Recognizing the need for concerted efforts to combat this dreadful disease, the World Health Organization or WHO, initiated in 1986, a global programme on AIDS.

Our guest today, Dr. Dorothy Blake, is the Deputy Director of the World Health Organization's Global Programme on AIDS. A national of Jamaica, Dr. Blake will be interviewed here at United Nations headquarters in New York by: Ian Steele of the Press Foundation of Asia; Linda Fasulo of National Public Radio and; Obi Emekekwue of the News Agency of Nigeria.

Dr. Blake, welcome to **WORLD CHRONICLE**.

LITTLEJOHNS: Dr. Blake, the numbers that are coming out of WHO become increasingly depressing. Is there no hope that somewhere in the next year or two we can believe that the numbers have peaked and that perhaps the situation would finally get under control?

BLAKE: Unfortunately, Mr. Littlejohns, I am very sorry that I would not be able to give you such hope because as far as our estimates are concerned - and these I will say are estimates but they are based on the best available information that we

possess - the epidemic has not peaked, it shows no signs of slowing down and we do not have any projections for when the pandemic, as we actually do call it, will peak.

LITTLEJOHNS: What sort of numbers are you projecting, let's say, for 1995?

BLAKE: Mid-1995 and towards the end of the decade, we think that there will be an annual addition of 1 million cases of AIDS a year and we are looking at the end of the decade at some staggering sum of 30 to 40 million HIV infections.

LITTLEJOHNS: Now when we speak of these numbers, are we talking about infections, HIV, or actual cases of AIDS developing from the infection?

BLAKE: The 30 to 40 million refer to infections and these are infections of men, women and children.

LITTLEJOHNS: But do they invariably develop into active cases of AIDS?

BLAKE: As far as the natural history of the disease, so far it's been documented, all the cases seem to, over a span of 10 to 20 years, end up with AIDS. We do not actually know given the 20-year figure - the epidemic has not yet run 20 years - but we are just looking at the figures that we've had and the median levels where 50 percent of those infected seem to have AIDS by the 10th year. Therefore, it would appear that by 20 years, all those who've become infected, would have had AIDS.

STEELE: Dr. Blake, do we now have a significant number of persons who are known to have been infected for a period of up to

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twenty years - a very large number of persons? Where are those persons who've survived so long?

BLAKE: As I have just made the point, this is projection. We do not as yet have a memory or an actual history of the epidemic documented for 20 years, but we are projecting that if 50 percent of those infected have AIDS by the end of the 10th year, then we would imagine that by the end of the 20th year, those who have been infected would have come down with AIDS. 100 percent of those who have been infected would come down with AIDS.

STEELE: But we are not talking about the incubation period expanding because the incubation period had been understood from infection to be roughly up to 10 years. Am I correct?

BLAKE: Well, we say 10 to 20 years.

STEELE: Recent press statements from WHO have compared the evolving AIDS infection rate in south and southeast Asia with sub-Saharan Africa. Are we approaching a point where Asia could overtake Africa in terms of AIDS infection and AIDS cases and could you give some sense of just how grave the emerging situation is in south and southeast Asia?

BLAKE: Our latest projections do in fact tend to indicate that if the explosive spread of HIV continues in southeast Asia, by mid to late 1990s, we could see the annual cases of HIV infections in that sub-continent being greater than that in Africa, sub-Saharan Africa. Indeed we have noticed in Thailand and India an enormous increase in the number of HIV infections. There are populations - discreet populations that we have tested - prostitutes in Bombay, for example, where in some groups we have noticed up to 70 percent of those tested already infected, those

specific groups. There's also the problem of drug-injecting users and there again, there is a population that shows high levels of prevalence of HIV infection. There is a group of military in Thailand where infection too has reached very significant levels at this stage and as a matter of fact, it's this development in southeast Asia that has really made us increase our estimates and also made us very conservative about saying whether the epidemic has peaked or will peak in the near future.

STEELE: Do you believe that governments and leaders understand what they are up against? Is there any indication that the penny has dropped, that they are prepared to take the necessary action?

BLAKE: I think one has to distinguish when one says governments and leaders because governments and leaders are beginning to take notice. Unfortunately, however, they begin to take notice when there are already significant levels of infection in the country and rather they take notice when the AIDS cases become apparent. But by then, there has already been significant numbers of infection in the country and we have had extremely positive responses from leaders at the highest levels in these two countries in southeast Asia as well as leaders in Africa but unfortunately, the countries who do not yet have these levels but of course have the factors that could lead to it, have not yet shown the same degree of alarm and concern.

LITTLEJOHNS: The two countries meaning Thailand and India.

FASULO: Dr. Blake, the AIDS pandemic as you say, is growing dramatically among women and children. In fact, WHO projects that by the end of the century, there may be 10 million cases of children infected with HIV and as it stands, most of these cases

are confined to sub-Saharan Africa. What kinds of programmes are being targeted to this very vulnerable group - to the women and children?

BLAKE: The programmes that we are trying, with other agencies, to put in place are on two levels. On one level, programmes of prevention and these are to empower women with the information that they need to place themselves less at risk. This is very difficult because many women do not have the economic leverage for independence in their choice of certain social situations which they must either practice, put themselves into because of the commercial need, of the economic need or because of traditions of certain unions, legitimate unions that they're in. I will explain. For example, a woman who has been informed about the disease and knows that one of the surest needs of protection is by the use of a condom, does not herself control the means of the use of a condom and very often cannot insist on it or negotiate it and this gives a built-in sense of powerlessness.

FASULO: Are you completely negative about women taking some precautions in the future or are there outreach programmes maybe by UNICEF or various other UN agencies to make in-roads and help change perhaps cultural attitudes?

BLAKE: I think that is the thrust of the programmes - how to give information, how to educate adults and even from the adolescent stages for behaviour changes for less risky behaviour, for people to have faithful partners. This goes both for the woman and for the man. So it is hoped that by education adapted and targeted, there can be these changes.

EMEKEKWUE: Dr. Blake, there has been a recent attempt to portray the AIDS problem as a mainly African problem. Would you

say that there is a justifiable basis for this trend of thinking?

BLAKE: I don't know that this has been portrayed as a mainly African problem because it is indeed truly a pandemic and I certainly would not see it as being justified for it to be cast as a mainly African problem. What we do have are high levels of infection in AIDS in Africa because to a great extent, while we were still looking around for vaccines, for research into even what was the causal agent, the disease and infection had already been installed in Africa. Africa did not have the chance then to put in place many of the things that we do know as a result of this research but the fact is the disease has shown no predilection for any one race, for any one ethnic group and no group has a specific resistance to it and therefore, whatever we see in Africa we are now seeing in other countries in the developing world as is the case of Thailand and India and it would also be the case of Latin America - Brazil, one of the most populous countries too has extremely high levels, within their urban centres, of HIV infection. It is certainly **not** an African problem, it is a worldwide pandemic.

LITTLEJOHNS: Dr. Blake, the numbers that WHO have come up with include only two cases reported in the Soviet Union. Is that possible? Since you said it is a worldwide problem, why has the Soviet Union, that vast country, been relatively unaffected?

BLAKE: As far the reported cases are concerned, you know, countries are free to report the cases that their systems in place are capable or have the strength in detection to bring to the reporting centres but in fact, for WHO, given the levels of under-reporting that's not only apparent in countries like the Soviet Union. But in many countries, we have not been focussing on reported cases and the figures that you have been given are always

figures that are estimated from projections based on mathematical models, based on figures that we get from surveys, from people who are attending routine health services for other purposes. Anonymous unlinked testing draws serum where we can have a sample, a representative sample of a picture of that population.

LITTLEJOHNS: The programme is **WORLD CHRONICLE.** Our guest is Dr. Dorothy Blake, Deputy Director of the World Health Organization's Global Programme on AIDS.

EMEKEKWUE: Dr. Blake, the WHO reports that 90 percent of AIDS cases involving infants and children are thought to have occurred in sub-Saharan Africa. What kind of explanation do you have for this?

BLAKE: The explanation for this is that the epidemic from almost the start has been a heterosexually-transmitted epidemic in Africa. This means that women are equally affected as men; it also means that the woman will be transmitting the virus, the infection, to a third of the children that she will bear. The result is that with the levels of infection in Africa - we currently estimate that there are 6 million HIV-infected persons in Africa - then 3 million of whom would be women and they are transmitting to about a third of their children so, of the current 1.5 million children who are infected in the world, 1 million would be children born to women in Africa.

STEELE: Dr. Blake, your organization is now estimating that roughly 5,000 people every day worldwide are becoming infected with the AIDS virus. That's a number approaching 2 million people a year. How do you arrive at those numbers and is it possible to break them down - you explained a little as to how you've arrived at them - is it possible to break those down by country or is

5,000 a very broad generalization?

BLAKE: We have regional estimates; country estimates are less available for one reason or another - the figures are too aggregated or the figures themselves have not been cleared with countries. But on a regional basis, we can say that as far as the North American region is concerned, there are over a million infections to date. Latin America - a million.

STEELE: Are you really hamstrung by this official release of figures? I would go back to Mike's question about the veracity of the AIDS cases, the numbers that you're reporting - it seems to me that you're at least 10 years behind the curve and if one is advocating for change, surely it's much more effective to speak in terms of a current infection rate that gives people a sense of the alarm and urgency of the situation rather than to be talking about a situation that has happened over such a long span of time. There's a gap between reality and fact here. Are you comfortable or uncomfortable with the way you're reporting these numbers?

BLAKE: I think given the span of 10 years, there is a fair level of conflict with the figures. If we look at it from one side in that the projections which have been made, instead of being behind reality, have in fact been projecting, giving future pictures of reality that are very credible. But in fact, we do not really take comfort from the projections because as I said in the beginning, we're seeing that to some extent, these projections were conservative.

STEELE: I think you always said they were conservative but you always questioned the numbers.

BLAKE: They were conservative and we've had to increase the

projections based on the spread that we are now noticing in southeast Asia.

STEELE: Mike gave the example of the Soviet Union and two cases in south and southeast Asia - India and Thailand, I think, are pertinent. You've estimated that anywhere between five hundred thousand and 1.5 million people as a span, a trebling of your conservative estimate are already infected, but if one looks to last month's figures of actual AIDS cases for Thailand and India, we have 72 cases in India and 119 cases in Thailand. It's really an extraordinary gap and if an agency or an organization wants to bring to the public's attention the urgency of this very fluid and very active situation, how do they do it based upon the figures that you're giving? Wouldn't it be useful to go out on a limb because you're doing it in the aggregate, but to go out on a limb nationally, to arm people with figures that they can really use to advocate, to say "Look, this is the problem. This is the reality, deal with it now".

BLAKE: The figures that are being given in our estimates are the figures which are closer to the reality than the reported figures which I've explained might be very under-reported based on the surveillance system that exists in countries but given the fact, over the 10-year span, seen that the projections are reliable, we can go out on the limb with these projections and the countries themselves and above all, the agencies have also been basing their strategies, their activities, the various targets that they're setting based on these projections. And I would like to say that even if we did have exact cases reported to day, we would still have to make projections for 10 years time and that is the point. You will always be in a situation where you have to develop models that are exact, reliable and credible for the projections that you need to do for any activity that you're going to be doing.

FASULO: Dr. Blake, I'd like to turn a little bit to the question of human rights and AIDS. As no country is immune from AIDS, as you've said, and the numbers are increasing, do you see that there is a trend worldwide for countries to perhaps put more restrictions on the rights of people with AIDS? Or, is there more compassion for them? In other words, what measures do you see countries taking to help stem the spread of AIDS?

BLAKE: Well, first of all, let me just say that with regard to human rights and AIDS, it's a broad issue and therefore I'm not quite clear what measures you're referring to but as a principle - the principle is that, based on what we know of the epidemiology of the disease, there is no rationale for any kind of restrictions on the human rights of an individual that is based on his status - HIV plus or AIDS disease. There is absolutely no public health rationale to isolate the person, there is no public health rationale for patients to be stigmatized by health care workers or health care workers to be stigmatized by patients because of HIV positive status. If you take the case of health care workers, I think most people in the scientific world and physicians and health care workers themselves will say that if the universal precautions of sterility and aseptic practices are observed, the risk of transmission of HIV is practically non-existent. And even, if you were to test everybody, you would still have to have these universal precautions because, as you know, the tests themselves are, though accurate, one cannot rule out the possibility that you have tested somebody in what we call the "window period" when though they are infected and have circulating antigens, you cannot detect them with the means we now have at our disposal. Therefore, there is really very little rationale for restriction of human rights on those grounds.

FASULO: But do you see these debates going on anywhere else besides the United States? We know here that these issues of health care workers being tested - this debate is going on. Do you know of any other countries where similar debates are occurring?

BLAKE: I think these debates are occurring and the issues are being looked at perhaps not with the same range of publicity and not with the same detail and documentation as they have been in the United States. These are issues which are being raised and will be increasingly raised as the pandemic continues and that is why it's important from now to be very vigilant that the human rights of individuals are not being sacrificed needlessly in the process and worst of all, that in so doing, we do not fuel the epidemic instead of stopping and slowing its spread.

LITTLEJOHNS: Dr. Blake, it seems that from the way you've been presenting the problem, that it's becoming more and more a problem for heterosexuals whereas previously people seemed to think that homosexuals, drug abusers, people who unfortunately had transfusions of tainted blood, were those most at risk. Is there in fact an increase of the incidence among heterosexuals?

BLAKE: Well, we're estimating that at present about two-thirds of the cases of HIV, AIDS, are among heterosexuals and because of the growing numbers that we are seeing in countries where from the start it was a heterosexually-transmitted disease and as a matter of fact, though in developed countries we're seeing a slow in the increase overall in the epidemic, in the heterosexual population there has always been a steady increase in developed countries.

LITTLEJOHNS: Dr. Blake, that's all the time we have. Thank you for joining us on this edition of **WORLD CHRONICLE.**

Our guest has been Dr. Dorothy Blake, Deputy Director of the World Health Organization's Global Programme on AIDS. She was interviewed here at United Nations headquarters in New York by: Ian Steele of the Press Foundation of Asia; Linda Fasulo of National Public Radio and; Obi Emekekwue of the News Agency of Nigeria.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of WORLD CHRONICLE.

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